

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9-28-02

2 Serial/Patent # 09/1614363

| | | | | |
|--|---|---|--------------|----------|
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| <input checked="" type="checkbox"/> Filing | | | | \$ |
| <input type="checkbox"/> Amendment | | | | \$ |
| <input type="checkbox"/> Extension of Time | | | | \$ |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | | \$ |
| <input checked="" type="checkbox"/> Petition | 9 | 4802 | | \$ 130 |
| <input type="checkbox"/> Issue | | | | \$ |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | | \$ |
| <input type="checkbox"/> Maintenance | | | | \$ |
| <input type="checkbox"/> Assignment | | | | \$ |
| <input type="checkbox"/> Other | | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 130 | |
| | | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | Treasury Check | | |
| <input type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | |
| <input checked="" type="checkbox"/> Duplicate Payment | | , 19-0036 | | |
| No Fee Due (Explanation): | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: | | TITLE: Pets Etc | | |
| SIGNATURE: | | PHONE: 305-8680 | | |
| OFFICE: 4700 | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | |
| APPROVED: Alena Kelly | | DATE: 10/01/02 | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: